

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

45th 1/28/17 70th 2/22/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/14/2016
NAME OF PROVIDER OR SUPPLIER  SISKIN HOSPITAL SUBACUTE REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE ONE SISKIN PLAZA CHATTANOOGA, TN 37403	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 SS=F	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to label and date food items in 1 of 1 walk in refrigerators, 1 of 1 walk in freezers, 1 of 1 nourishment refrigerators, securely cover food items in 1 of 1 walk in refrigerators and 1 of 1 walk in freezers, maintain a clean freezer in 1 of 2 freezers reviewed, and maintain a sanitary staff handwashing sink in 1 of 2 sinks reviewed, and failed to maintain a sanitary kitchen in 1 of 1 kitchen reviewed, affecting 27 of 27 residents.</p>	F 371	<p>1. No patients were identified to have been affected by the deficient practice.</p> <p>2. All patients have the potential to be affected by the deficient practices. All patients are continuously monitored for signs and symptoms of infection. If signs and symptoms of infection are observed, then site and source of infection are determined and corrective measures taken to both eliminate the source of infection and resolve the existing infection or contamination. This process is under the direction of Dr. Hal Hill, MD - Infectious Disease Medical Director at Siskin Hospital with on-site oversight by Siskin's Infection Preventionist, Angela Finch, RN. The days the specific deficiencies were identified, the following actions took place to minimize risk to our patients:</p> <p>On 12/12/16, the 22 exposed chicken patties, 1/2 bag of exposed tater tots, and 1/3 bag of exposed fries were removed from the walk-in freezer and discarded.</p> <p>On 12/13/16 the 5 lb. bag of exposed white cheese and 2 lb. container of unlabeled white cheese were removed from the walk-in refrigerator and discarded. Additionally, the 2.5 lb. bag of exposed onion rings was removed from the walk-in freezer and discarded.</p> <p>On 12/14/16, the 13 3-oz. unlabeled containers of apple sauce were removed from the refrigerator in the nourishment room and discarded.</p> <p>On 12/12/16, the identified unsanitary hand-washing sink was thoroughly cleaned. Unfortunately, this is an old sink that retained stains. It will be replaced. (See item 3 below.)</p>	1/26/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Cynthia Wheeler* *Administrator* *12/29/16*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>The findings included:</p> <p>Review of the facility policy, Sanitation and Infection control with a revised date of 3/2010 revealed, "...All...pre-package open containers...are labeled, dated, and securely covered..."</p> <p>Review of the facility policy, Food Safety Standards and Requirements revised 8/17/16 revealed "...Handsinks must be clean, in good working condition and properly maintained..."</p> <p>Review of the facility policy, Kitchen and Cafe Cleaning Frequencies dated 2011 revealed "...POLICY...high standards of cleanliness and sanitation will be maintained...ICE MACHINE...Interior [bin] of the machine should be free of dirt, debris, and lime build up, smooth to the touch...All legs and shelving units are free of dirt and grease build up..."</p> <p>Observation with the Dietary Manager (DM) on 12/13/16 at 11:48 AM, of the walk in refrigerator, revealed;</p> <p>A) A 5 pound bag approximately 1/3 full of white cheese opened to air undated, and available for resident consumption.</p> <p>B) A 2 pound plastic container of white cheese undated, unlabeled, and available for resident consumption.</p> <p>Observation with the DM on 12/12/16 at 11:50 AM of the walk in freezer, revealed;</p> <p>A) 22 frozen chicken patties undated, unlabeled, open to air, and available for resident consumption.</p>	F 371	<p>On 12/13/16, all items were removed from the ice cream freezer and stored temporarily in the walk-in freezer. The ice cream freezer was thoroughly cleaned and debris removed. Racks in the freezer were replaced with clear bins to provide better access to the frozen ice cream as well as provide better access for cleaning.</p> <p>3. On each of the days deficient practices were identified, education was provided to dietary staff on the importance of maintaining a sanitary environment for food storing and preparation as well as the importance of labeling, dating, timing and sealing of food when in storage.</p> <p>Dietary supervisors will conduct inspections on <u>each shift</u>, 2 shifts per day, starting 1/2/17 to assure compliance with laws and regulations pertaining to safe food handling. The inspections will be documented on a check-off style form covering all areas of the kitchen.</p> <p>Starting 1/2/17, the Dietary Manager (DM), Faye Marthaler, or chef, Christina Coffee, will round <u>daily</u> through the kitchen to assure compliance with laws and regulations pertaining to safe food handling. The rounding will be documented on a check-off style form covering all areas of the kitchen. The DM or chef will compare their findings to the findings of the supervisors. Deviations will be corrected and corrective measures taken to assure ongoing compliance. Any corrective measures will be documented on the forms as appropriate.</p>		

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F 371	<p>Continued From page 2</p> <p>B) Approximately 1/2 bag of frozen tater tots undated, unlabeled, open to air, and available for resident consumption.</p> <p>C) Approximately 1/3 bag of fries undated, unlabeled, open to air, and available for resident consumption.</p> <p>Observation with the DM on 12/13/16 at 9:30 AM of the kitchen staff handwashing sink located near the resident coffee and tea machine revealed;</p> <p>A) An approximate 4 inch long dark brown substance inside the sink bowl, dark brown colored debris around the rim of the sink, and dark colored debris on the outside front of the sink.</p> <p>Observation with the DM on 12/13/16 at 9:37 AM, of the ice cream freezer, revealed;</p> <p>A) 4 black open ink pens in the bottom of the freezer partly covered in ice.</p> <p>B) 1 half sharpened pencil in the bottom of the freezer partly covered in ice.</p> <p>C) Dark brown debris on 3 out of 5 racks.</p> <p>D) Dark brown debris on the bottom of the freezer.</p> <p>E) Dark brown pieces of paper located on the bottom of the freezer partly covered in ice. During the observation of the freezer the DM confirmed the dark brown pieces were cardboard.</p> <p>Observation of the walk in freezer with the DM on 12/13/16 at 9:42 AM, in the kitchen, revealed;</p> <p>A) 2.5 pound bag approximately 1/3 full of onion rings open to air, undated and available for resident consumption.</p> <p>Observation with the DM on 12/14/16 at 9:00 AM, of the Nourishment room refrigerator, on the 3rd</p>	F 371	<p>Starting 1/2/17, Siskin Hospital's Infection Preventionist, Angela Finch, will conduct inspections of the kitchen area and nourishment rooms on a weekly basis to assure compliance with laws and regulations pertaining to safe food handling. The inspections will be documented on a check-off style form covering all areas of the kitchen. Nourishment rooms on the patient floors will also be inspected to verify safe food handling in patient care areas. The DM and chef will be responsible for assuring resolution to any identified deviations from safe food-handling practices.</p> <p>The old sinks are beyond repair and will be replaced. Stainless steel sinks were ordered on 12/28/16 to replace all 3 handwashing sinks in the kitchen area including new faucet hardware with goose-neck spouts for enhanced sanitation. Signage will be placed above the sinks indicating they are for handwashing only. Project completion should be by 1/15/17</p> <p>Rusty racks have been removed from the ice cream freezer and replaced by clear plastic bins that are easily removed and cleaned. Education has been provided to dietary staff that they are not to write on the top of the freezer (the source of the pens and pencils in the freezer.) Rather, they must label the frozen items on the counter near the freezer, this eliminating potential for pens and pencils to get into the freezer.</p> <p>The Nurse Manager of the unit, Wendy Carrol, will educate nursing staff on the importance of monitoring food in the nutritional room for out</p>		

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F 371	<p>Continued From page 3</p> <p>floor revealed;</p> <p>A) 13 3oz containers of applesauce stored in the bottom drawer of the refrigerator undated, unlabeled, and available for resident consumption.</p> <p>Interview with the DM on 12/12/16 at 11:50-11:52 AM, in the kitchen, confirmed the facility failed to wrap, label, date, and store foods in a safe and sanitary manner in the walk in refrigerator and the walk in freezer.</p> <p>Interview with the DM on 12/13/16 at 9:34 AM, in the kitchen, confirmed the facility failed to maintain a sanitary kitchen staff handwashing sink.</p> <p>Interview with the DM on 12/13/16 at 9:40 AM, in the kitchen, confirmed the facility failed to maintain a sanitary environment in the ice cream freezer.</p> <p>Interview with the DM on 12/13/16 at 9:45 AM, in the kitchen confirmed the facility failed to cover and store food in a safe and appropriate manner in the walk in freezer. Continued interview revealed the facility failed to follow the facility's policies.</p> <p>Interview with the DM on 12/14/16 at 9:02 AM, in the 3rd Floor nourishment room, confirmed the Dietary Department are responsible for dating and labelling items placed in the nourishment room refrigerators. Continued interview confirmed the facility failed to date and label prepared food items and failed to follow their policy on food safety standards.</p>	F 371	<p>dates and to make sure the food is appropriately labeled for the safety of the patient.</p> <p>4. Results of the inspections for compliance will be aggregated and presented to the Quality Assurance Performance Improvement (QAPI) Committee. Results will be analyzed to determine overall compliance as well as identify specific target areas for improvement. Corrective measures will be developed for any identified focus areas for improvement and actions implemented. Results will then be brought back to the QAPI committee to determine if other measures are required and analyze ongoing compliance. The Dietary Manager, Faye Marthaler, will be responsible for bringing this information to the QAPI committee for inspections performed by dietary personnel. Angela Finch, Infection Preventionist, will bring results of her validation inspections to the QAPI committee as well as any identified corrective measures taken in indicated.</p> <p>Inspections, analysis of results and aggregation of data will be required to be performed a minimum of one year or when no issues have been identified for a period of 3 months straight.</p>		